

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Re	eporting Period dates: Beginning Date:	January 1, 2018	Ending Date: March 16, 2	2018
	Report: (Check one) y preceding preliminary 8th day preceding election	on 30 day	after election	t dissolution
Roote # (opt	Residential Address bobgreeney a gmail. com	LEN 91002 76 M	Committee Name PORE DEBBI FRIE Name of Committee Treasure Acclellan 51. Am HirsT Committee Mailing Address bob greeney & g-mai	MA 01002
	SUMMARY BALA	ANCE INFOI	RMATION:	
	Line 1: Ending Balance from previous report		0	2
	Line 2: Total receipts this period (page 3, line	e 11)	108.9	
	Line 3: Subtotal (line 1 plus line 2)		108.9	/
	Line 4: Total expenditures this period (page	5, line 14)	108.9	1
	Line 5: Ending Balance (line 3 minus line 4)		0	
	Line 6: Total in-kind contributions this period	d (page 6)	0	
	Line 7: Total (all) outstanding liabilities (pag	(e 7)	0	
	Line 8: Name of bank(s) used: No	BANK		
I certify that I activity, inclufinance activi Signed under FOR CAN Candida I certify activity, incurred Candida I certify t	Committee Treasurer: I have examined this report including attached schedules and it is, to the ding all contributions, loans, receipts, expenditures, disbursements, in ty of all persons acting under the authority or on behalf of this committer the penalties of perjury: IDIDATE FILINGS ONLY: Affidavit of Candidate: (check the with Committee and no activity independent of the committee that I have examined this report including attached schedules and it is, of all persons acting under the authority or on behalf of this committee any liabilities nor made any expenditures on my behalf during this report the without Committee OR Candidate with independent activity filthat I have examined this report including attached schedules and it is, activity, including contributions, loans, receipts, expenditures, disburses	k 1 box only) to the best of my known period. ling separate report to the best of my known period.	nd liabilities for this reporting period and represent the requirements of M.G.L. c. 55. (Treasurer's signature) Date: Owledge and belief, a true and complete staten the requirements of M.G.L. c. 55. I have not represent the requirements of m.G.L. c. 55. I have not represent	esents the campaign 3/15/18 The property of all campaign finance received any contributions, the property of all campaign
	n finance activity of all persons acting under the authority or on behalf			
Signed under	the penalties of perjury:	No.	(Candidate's signature)	

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
2/10/2018	ROBERT GREENEY 76 McClellow ST. AMHERST	108.91	
	7		
ine 9: Total Receip	ts over \$50 (or listed above)	108.91	
ine 10: Total Receip	ots \$50 and under* (not listed above)	0	
ine 11: TOTAL RI	ECEIPTS IN THE PERIOD	10891	Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
23			
ine 9: Total Receip	ts over \$50 (or listed above)	0	
ine 10: Total Receip	ots \$50 and under* (not listed above)	0	
	ECEIPTS IN THE PERIOD		← Enter on page 1, line 2 I include only those receipts not itemized above.

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
2/10/2018	AMHERST Copy & DESIGNWORKS	37 & Plensant ST AMHERST MA 01002	Printing	10.8.9
×-1				
		Line 12: Total Expenditures over	r \$50 (or listed above)	108.9
		Line 13: Total Expenditures \$50	and under* (not listed above)	0
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITU	RES IN THE PERIOD	108.91

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 4

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
		Line 12: Expenditures over \$50	(or listed above)	0
		Line 13: Expenditures \$50 and u	under* (not listed above)	0
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDITU	URES IN THE PERIOD	108.91

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 6 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
4.7			-	
		Line 15: In-Kind Contributions	over \$50 (or listed above)	0
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	6
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	0

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

Page 6

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
				1 1 1
	Enter on page 1. line 7 →	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	0

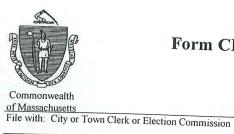


Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

MAR 14 18 AM

File with: City or Town Clerk or Election Commission Fill in Reporting Period dates: Beginning Date: Jan 1, 2018 **Ending Date:** Feb 15, 2018 Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election 30 day after election year-end report X dissolution Jennifer Page Jennifer Page Committee Candidate Full Name (if applicable) Committee Name School Committee Shing-fa Shiao Office Sought and District Name of Committee Treasurer 291 Potwine Ln, Amherst, MA 01002 24 Potwine Ln, Amherst, MA 01002 Residential Address Committee Mailing Address Phone # (optional): Phone # (optional): **SUMMARY BALANCE INFORMATION: Line 1:** Ending Balance from previous report 25.14 Line 2: Total receipts this period (page 3, line 11) Line 3: Subtotal (line 1 plus line 2) 25.14 Line 4: Total expenditures this period (page 5, line 14) 25.14 **Line 5:** Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 6) Line 7: Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used: Florence Bank Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Date: 2/12/18 Signed under the penalties of perjury: (Treasurer's signature) FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only) Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period. Candidate without Committee OR Candidate with independent activity filing separate report I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: (Candidate's signature)



Form CPF M 102A: Amendment to Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

		D 1 .	1005x1
	mended: Year: 2017 Reporting Period:	Beginning Date: Apr 18, 2017	Ending Date: Dec 31, 2
8th day prece	eding preliminary 8th day preceding election	30 day after election	7
		30 day after election	year-end report dissolut
ennifer S. Page			
	Candidate Full Name (if applicable)	Jennifer Page Committee	
91 Potwine Ln,	Amherst, MA 01002		ommittee Name
	Residential Address	Shing-fa Shiao	
chool Committe		Name of 24 Potwine Ln, Amherst, MA	Committee Treasurer
	Office Sought and District		tee Mailing Address
mail:			tee Maning Address
none # (optional):		E-mail:	
		Phone # (optional):	
	SUMMARY BALA	NCE INFORMATION:	
	Line 1: Ending Balance from previous repo	TOD INTORMATION:	
	Line 2: Total receipts this period	ort	259.03
			0
	Line 3: Subtotal		259.03
	Line 4: Total expenditures this period		233.89
	Line 5: Ending Balance		25.14
	Line 6: Total in-kind contributions this period	od	
			0
	Line 7: Total (all) outstanding liabilities		0
opinion I GU	Line 7: Total (all) outstanding liabilities Line 8: Name of bank(s) used: Florence Ban	nk	0
original filing o	Line 7: Total (all) outstanding liabilities Line 8: Name of bank(s) used: Florence Ban	nk	0
original filing o	Line 7: Total (all) outstanding liabilities Line 8: Name of bank(s) used: Florence Bar of the above-referenced campaign finance report is being	nk ing amended for the following re	ason(s):
original filing o	Line 7: Total (all) outstanding liabilities Line 8: Name of bank(s) used: Florence Bar of the above-referenced campaign finance report is being	nk ing amended for the following re	ason(s):
e original filing o	Line 7: Total (all) outstanding liabilities Line 8: Name of bank(s) used: Florence Ban	nk ing amended for the following re	ason(s):
eoriginal filing o	Line 7: Total (all) outstanding liabilities Line 8: Name of bank(s) used: Florence Bar of the above-referenced campaign finance report is being	nk ing amended for the following re	ason(s):
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Ending of	Line 7: Total (all) outstanding liabilities Line 8: Name of bank(s) used: Florence Bar of the above-referenced campaign finance report is being	nk ing amended for the following re	ason(s):
Ending V	Line 7: Total (all) outstanding liabilities Line 8: Name of bank(s) used: Florence Bar of the above-referenced campaign finance report is being along from free from free from free from free from free from free free free free free free free fre	ing amended for the following re	ason(s):
e original filing of Endug Original filing of the endug of the penaltie	Line 7: Total (all) outstanding liabilities Line 8: Name of bank(s) used: Florence Bar of the above-referenced campaign finance report is being along from free from free from free from free from free from free free free free free free free fre	nk ing amended for the following re	ason(s):
Ending V	Line 7: Total (all) outstanding liabilities Line 8: Name of bank(s) used: Florence Bar of the above-referenced campaign finance report is being along from free from free from free from free from free from free free free free free free free fre	ing amended for the following re	ason(s):
Ending D	Line 7: Total (all) outstanding liabilities Line 8: Name of bank(s) used: Florence Bar of the above-referenced campaign finance report is being along from free from free from free from free from free from free free free free free free free fre	ing amended for the following re	ason(s):



Form CPF M 102A: Amendment to Campaign Finance Report **Municipal Form**

Office of Campaign and Political Finance

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1 100.00	F4.

File with:	City or T	own Clerk	or Election	Commission

eport Being Amended: Year: 2017 Reporting Period: Be	eginning Date: Jan 1, 2017 Ending Date:	Mar 10, 2017
3 8th day preceding preliminary ⊠ 8th day preceding election	30 day after election year-end report	dissolution
ennifer S. Page	Jennifer Page Committee	
Candidate Full Name (if applicable) 91 Potwine Ln, Amherst, MA 01002	Committee Name Bonnie MacCracken	
Residential Address	Name of Committee Treasurer 8 Chadwick Ct, Amherst, MA 01002	
Office Sought and District	Committee Mailing Address	
mail: jenniferpageamherstadamail an	E-mail:	451 4
none # (optional): 413-654-0635	Phone # (optional):	
SUMMARY BALA	NCE INFORMATION:	
Line 1: Ending Balance from previous repo	ort0	
Line 2: Total receipts this period	4,436.7	
Line 3: Subtotal	4,436.7	
Line 4: Total expenditures this period	1,235.72	
Line 5: Ending Balance	3,300.98	
Line 6: Total in-kind contributions this per	riod 456.98	
Line 7: Total (all) outstanding liabilities	0	
Line 8: Name of bank(s) used: Florence B	Bank	
the original filing of the above-referenced campaign finance report is the original filing of the above-referenced campaign finance report is the original filing of the above-referenced campaign finance report is the original filing of the above-referenced campaign finance report is the original filing of the above-referenced campaign finance report is the original filing of the above-referenced campaign finance report is the original filing of the above-referenced campaign finance report is the original filing of the above-referenced campaign finance report is the original filing of the above-referenced campaign finance report is the original filing of the original filing or		
Roceipts were over-stated by \$222 Expenses were under-stated by \$4.	59.	
igned under the penalties of perjury:	Signed under the penalties of perjury:	
igned under the penalties of perjury:	Signed under the penalties of perjury:	



Form CPF M 102A: Amendment to Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Report Being Amended: Year:	and the second	Marll		April7
Report Being Amended: Year:	2017 Reporting Period:	Beginning Date: Jan 1, 2017	Ending Date:	Mar 10, 2017
8th day preceding preliminary	8th day preceding election		year-end report	dissolution
Jennifer S. Page		Jennifer Page Committee	10	
Candidate Full Na 291 Potwine Ln, Amherst, MA 010	me (if applicable)	Shing-fa Shiao	Committee Name	
Residential School Committee	Address	Nan	ne of Committee Treasurer	
Office Sought	and District	_ 24 Potwine Ln, Amherst,		
B-mail: Jenni Kerpacam	restamail. am	E-mail:	mmittee Mailing Address	
Phone # (optional):	5-654-0635	Phone # (optional):		
	SUMMARY BAL	ANCE INFORMATION:		
Line 1: I	Ending Balance from previous rep		2 200 08	
	otal receipts this period	7	3,300.98	
Line 3: S	ubtotal		782.99	
Line 4: T	otal expenditures this period		4,083.97	
	nding Balance	,	3,824.94	
Line 6: T	otal in-kind contributions this per	riod	259.03	
	otal (all) outstanding liabilities		342.61	
	ame of bank(s) used: Florence B		149.77	
ne original filing of the above-refere				
			ng reason(s):	
Receipts were over Eggenses were over	- stated by \$381	29,		
	O			
ed under the penalties of perjury:		Signed under the penalties of n	eriury:	
ed under the penalties of perjury:		Signed under the penalties of p	erjury:	
ned under the penalties of perjury:	Date: 2/2/18	Signed under the penalties of p	erjury:	

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required) Amount		Occupation & Employer (for contributions of \$200 or more)	
	(a.p.mooricar noring required)		(101 Contributions of \$200 of more)	
			Red do e	
			1	
	-			
ne 9: Total Receip	ts over \$50 (or listed above)			
ine 10: Total Receip	ots \$50 and under* (not listed above)			
	ECEIPTS IN THE PERIOD	()	Enter on page 1, line 2	

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
ine 9: Total Recei	pts over \$50 (or listed above)		
ine 10: Total Rece	ipts \$50 and under* (not listed above)		
ine 11: TOTAL R	RECEIPTS IN THE PERIOD	0	← Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

D . D	To Whom Paid		114	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
	Crocker Farm Parent Guardian Organization	280 West St, Amherst, MA 01002	Donation to 501(c)(3) to close accont.	25.
		,		
	ľ	Line 12: Total Expenditures or	ver \$50 (or listed above) 0 and under* (not listed above)	25.14
	F	Line 14: TOTAL EXPENDIT		25.14

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
		Line 12: Expenditures over \$5	0 (or listed above)	
		Line 13: Expenditures \$50 and		
		Line 14: TOTAL EXPENDIT		0

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 6 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	0

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
		-	1,1	
		Line 18: TOTAL OUTSTANDI		